Towards a National Action Plan to Combat Female Genital Mutilation

AkiDwA
AKINA DADA WA AFRICA

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PART I

Introduction

Female Genital Mutilation (FGM or FGM/C), sometimes called female circumcision or female genital cutting, is a deep-rooted traditional practice that adversely affects the health and well-being of millions of girls and women. More than 200 million girls and women alive today have been cut in 30 countries in Africa, the Middle East, Asia[1] and worldwide among migrants from these areas. In the EU, the figure of **500,000** victims is commonly estimated[2].

FGM is internationally recognised as a violation of women's human rights and a form of child abuse. In common with other forms of gender-based violence, "it constitutes a breach of the fundamental right to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity[3]." Strong support for the protection of the rights of women and girls to abandon female genital mutilation have been reinforced by international and regional human rights treaties and consensus documents. These include, among others: the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment, the International Covenant on Civil and Political Rights (ICCPR), the International Covenant on Economic, Social and Cultural Rights (ICESCR), the Convention on the Elimination of all Forms of Discrimination against Women (CEDAW), the Convention on the Rights of the Child (CRC), the African Charter on Human and Peoples' Rights (the Banjul Charter) and its Protocol on the Rights of Women in Africa, the African Charter on the Rights and Welfare of the Child (ACRWC), the European Convention for the Protection of Human Rights and Fundamental Freedoms (ECHR), the Beijing Declaration and Platform for Action of the Fourth World Conference on Women and the United Nations General Assembly Declaration on the Elimination of Violence against Women.

There has been an overall decline in the prevalence of FGM/C over the last three decades[4], and in many of the most affected countries there seems to be growing momentum for change. The adoption by the United Nations General Assembly on 20 December 2012 of the resolution to intensify global efforts for the elimination of female genital mutilation marked a milestone in global efforts to end the practice[5]. The resolution demonstrated the political will of the international community to eliminate FGM/C, and in September 2015 a new set of Sustainable Development Goals (SDGs) was formally adopted in a UN summit following a two-year process of global consultation and intergovernmental negotiations. Goal five specifically urges government commitment to end discrimination and gender-based violence and to eliminate child marriage and FGM[6].

Irish law and policies relating to FGM

It is estimated that there are 3,780 women living in Ireland who have undergone FGM. A 2015 report by the European Institute for Gender Equality (EIGE) estimating the number of girls at risk of FGM in the European Union indicated that in 2011 there was a total of 14,577 girls aged 0–18 years originating from FGM risk countries (born in country of origin or Ireland) residing in Ireland, of whom 1–11% were likely to be at risk of FGM[7]. This indication highlights the need for Ireland to develop and establish a government led plan and inter-agency working group to ensure girls and women are fully protected and supported.

1 UNICEF, New York, 2016.
2 European Commissioner (2013) From the commission to the European Parliament and the Council Towards the Elimination of Female Genital Mutilation.
3 Council Conclusions on Combating Violence Against Women, and the Provision of Support Services for Victims of Domestic Violence adopted on 6 December 2012.
4 http://www.unicef.org/media/files/FGMC_2016_brochure.
5 United Nations General Assembly resolution, Intensifying global efforts for the elimination of female genital mutilations, UN document A/RES/67/146, 20 December 2012, United Nations, New York.
6 Sustainable Development Goals, Goal No.5, www.un.org.
7 EIGE 2015.

FGM is recognised as a form of gender-based violence (GBV) and is highlighted in government policies in Ireland. It is identified and prioritised in programmes funded through Irish Aid's *One World One Future* policy as a form of GBV[8]. In January 2015 Ireland launched its second national action plan on women, peace and security, whose third pillar recognises the need to support women living in Ireland who have experienced FGM. On 16 November 2015 the EU Directive on establishing minimum standards on the rights, support and protection of victims of crime[9] (Victims' Directive) came into effect in Ireland. The Directive establishes standards on the rights, support and protection of victims of crime. In November 2015, Ireland signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the Istanbul Convention. FGM is outlined under Article 38 of the Istanbul Convention. The Convention offers states both inside and outside the Council of Europe the framework for a comprehensive approach to preventing and combating such violence. It is the first convention to recognise that FGM exists in Europe and that it needs to be systematically addressed. It requires state parties to step up preventive measures by addressing affected communities as well as the general public and relevant professionals. It entails obligations to offer protection and support when women and girls at risk need it most – and makes sure that their needs and their safety always come first. The Istanbul Convention calls for the provision of specialist support services and legal protection orders for women and girls at risk. In a bid to guarantee cases of prosecution that respect the best interests of the child, the Convention requires state parties to make FGM a criminal offence, and to ensure that criminal investigations are effective and child-sensitive. A key feature of the Convention is that the above measures must form part of a comprehensive policy to be implemented across government and in co-operation with non-governmental organisations (NGOs) and support organisations. Ireland is however yet to ratify this Convention.

On 16 January 2016, Cosc, the National Office for the Prevention of Domestic, Sexual and Gender-based Violence, launched the second national strategy on domestic, sexual and gender-based violence, which outlines as its key strategies changing societal attitudes, support for victims and holding perpetrators to account[10]. FGM as a form of GBV should be included in all the goals of this strategy and should be highlighted in awareness-raising, training and education. In September 2012, the Criminal Justice (Female Genital Mutilation) Act 2012 came into effect, making it a criminal offence for someone resident in Ireland to perform FGM. The maximum penalty under all sections of this law is a fine or imprisonment for up to 14 years or both. While the principle of extraterritoriality is not included in the Act in order to conform to the requirements of constitutional and international law, Section 3 provides an innovative offence of removal from the State of a girl for the purpose of FGM. FGM is outlined in *Children First: National Guidance for the Protection and Welfare of Children* as an issue of child protection[11]. A specialised clinic was established and opened in May 2014 at the Irish Family Planning Association (IFPA) Everywoman Centre, which is financially supported by the HSE social inclusion office and provides free comprehensive physical and psychological care to women in Ireland who have undergone FGM.

Ireland has a long-standing commitment to international development and continues to support many projects in developing countries through overseas aid. However, work in Ireland is still hampered by many challenges: the first national action plan was not adopted by any government agency or department, and to date there is no coordinated strategy or inter-agency working group set up to address FGM. Government efforts and support on FGM in other countries such as the UK, Portugal, Sweden and Norway have established inter-agency working groups and have developed national action plans (NAPs) on FGM. Portugal is on its third government-developed plan to address FGM[12]. The UK has established a multi-agency group and has developed guidelines for front-line professionals such as teachers, GPs, nurses and police[13]. The guidelines aim to provide advice and support to frontline professionals who have responsibilities to safeguard children and protect and support adults from the abuses associated with FGM. Working across agencies is essential to the development of effective safeguarding efforts relating to FGM. It is, therefore, important for the Irish government to develop a government-led NAP and inter-agency working group in order to ensure proper protection and support for children and women in Ireland who have been subjected to or are at risk of FGM.

8 One World One Future, Ireland policy, for international development, www.dfa.ie.
9 Directive 2012/29/EU of the European Parliament and of the Council of 25 October 2012 establishing minimum standards on the rights, support and protection of victims of crime, and replacing Council Framework Decision 2001/220/JHA.
10 Second national strategy on domestic, sexual and gender-based violence, 2016-2021.
11 2011, Department of Children and Youth Affairs, http://www.dcya.gov.ie/documents/Publications/ChildrenFirst.pdf.
12 Commission For Citizenship And Gender Equality (2014) National Plans 2014–2017 IIII Programme of Action for the Prevention and Elimination of Female Genital Mutilation 2014–2017, Portugal.
13 Department of Health (2015) Female Genital Mutilation Risk and Safeguarding Guidance for professionals, London UK.

Towards a National Action Plan to combat FGM

This document, *Towards a National Action Plan to Combat Female Genital Mutilation*, has been produced by civil society organisations that make up the National Steering Committee (NSC) on FGM. The plan is based on the framework of the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence (Istanbul Convention). The Convention is a global blueprint for laws and policies to end violence against women. It provides a powerful tool for and obliges state parties to accelerate preventive measures to protect and support FGM-affected women and girls, or those at risk, and to ensure effective and child-sensitive investigations and prosecution. The NSC believes that the comprehensive nature of the Convention makes it a practical tool to address FGM and will help Ireland in advancing work on FGM.

On 5 November 2015 Ireland became the 39th country to sign the Istanbul Convention. Acknowledged as the blueprint for best practice, the Convention offers a unique opportunity for Ireland to provide important protections for the rights of women. To fully meet the requirements of the Istanbul Convention, the NSC will lobby and campaign using this proposed plan for the government to adopt a national action plan on FGM and to ratify the Istanbul Convention. Adoption of an NAP and ratification of the Convention would be significant steps towards ensuring that the relevant national authorities and agencies participate in best practices on effectively combating all forms of violence against women and girls, including FGM.

Definitions and terminology

The World Health Organisation (WHO) defines FGM as "all procedures involving partial or total removal of the female external genitalia or other injury to the female genital organs for non-medical reasons" and classifies FGM into four types:

Clitoridectomy (Type I): Partial or total removal of the clitoris (a small, sensitive and erectile part of the female genitals) and, in very rare cases, only the prepuce (the fold of skin surrounding the clitoris).

Excision (Type II): Partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora (the labia are "the lips" that surround the vagina).

Infibulation (Type III): Narrowing of the vaginal opening through the creation of a covering seal. The seal is formed by cutting and repositioning the inner, or outer, labia, with or without removal of the clitoris.

Other (Type IV): All other harmful procedures to the female genitalia for non-medical purposes, e.g. pricking, piercing, incising, scraping and cauterising the genital area[14].

Deinfibulation refers to the practice of cutting open the sealed vaginal opening in a woman who has been infibulated, which is often necessary for improving health and well-being as well as to allow intercourse or to facilitate childbirth.

FGM is internationally recognised as a violation of the fundamental rights of women and girls (WHO 2014). Sometimes it is also referred as female genital "cutting" or "circumcision." In reality the term encompasses a range of harmful practices described and understood differently in different communities across the world.

The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among migrants from these areas.

Causes of FGM

The historical origins of FGM are unclear, but it is a practice that spans over 5,000 years, across continents, belief systems, and socio-economic status, from Europe, America and Asia to a swathe of central Africa from the west coast to the Horn, where it is most concentrated today.

14 WHO 2014, media Centre/factsheets/fs241/en.

The practice of FGM is an expression of deeply entrenched gender inequalities, grounded in a mix of cultural, religious and social factors inherent within patriarchal families and communities. FGM is not merely maintained by these inequalities, but gender inequalities are indeed sustained by the practice of FGM. The reported method, rationale and means of practicing FGM are varied in different communities, but FGM is fundamentally bound up with systems of patriarchy and the repression of female sexuality[15].

The causes of FGM include a mix of cultural, religious and social factors within families and communities.

- Where FGM is a social convention, the social pressure to conform to what others do and have been doing is a strong motivation to perpetuate the practice.
- FGM is often considered a necessary part of raising a girl properly, and a way to prepare her for adulthood and marriage.
- FGM is usually motivated by beliefs about what is considered proper sexual behaviour, linking procedures to premarital virginity and marital fidelity.
- FGM is associated with cultural ideals of femininity and modesty, which include the notion that girls are "clean" and "beautiful" after the removal of body parts that are considered "male" or "unclean."
- Though no religious scripts prescribe the practice, practitioners often believe the practice has religious support.
- In most societies, FGM is considered as a cultural tradition, which is often used as an argument for its continuation.

Prevalence

Global prevalence

UNICEF estimates that 200 million women and girls in 30 countries around the world are affected by FGM today[16], with some 83 million survivors in Egypt, Ethiopia, Nigeria and Sudan alone. Reported prevalence rates vary dramatically across – and sometimes within – countries. The highest reported prevalence rates of FGM among girls and women aged 15–49 years are found in Somalia (98%), Guinea (97%), Djibouti (93%), and Sierra Leone (90%). In 50% of practicing countries, girls undergo FGM before the age of five years old; in the remainder, most FGM is carried out on girls aged 5–14 years old[17].

As the global population becomes ever more mobile, the practice can now be found in diaspora communities all over the world, including in Europe. The European Parliament's Committee on Women's Rights and Gender Equality estimates that about 500,000 girls and women living in Europe have undergone FGM.

Prevalence of FGM in Ireland

The prevalence of FGM in Ireland was estimated by obtaining census statistics (CSO) from 2011 and other relevant population data on the number of women residing in Ireland who are originally from FGM practicing countries. These statistics were then synthesised with global FGM prevalence data to ascertain an estimated total of 3,780 women between the ages of 15 and 44 residing in Ireland who have undergone FGM. Data has shown that, despite a decline in inward migration to Ireland, the prevalence of FGM in Ireland continues to increase[18]. According to the EIGE 2015 report on the estimation of girls at risk of FGM in the European Union, in 2011 a total of 14,577 girls aged 0–18 originating from countries where FGM is practiced (born in country of origin or Ireland) were residing in Ireland, of whom between 1% and 11% were likely to be at risk of FGM[19].

15 Female Genital mutilation in the European Union and Croatia, EGIGE 2013, p.23.
16 UNICEF 2016 data work on FGM/C.
17 UNICEF 2013.
18 AkiDwA 2013.
19 EIGE, Estimation of girls at risk of female genital mutilation in the European Union, 2015.

Health risks and complications

The complications of FGM can be very severe and even life-threatening.

Immediate complications include:

- haemorrhage, pain, shock
- wound infection, septicaemia, tetanus
- urine retention
- injury to other tissues, for example, vaginal fistulae
- ulceration of the genital region
- bacterial or viral infections such as hepatitis and HIV due to instruments being re-used without sterilisation
- death

Intermediate complications include:

- delayed healing
- abscesses
- scarring/keloid formation, dysmennorrhoea and haematocolpos – obstruction to menstrual flow
- pelvic infections
- obstruction to urinary flow
- urinary tract infection
- absence from school due to painful menstruation and lack of menstrual hygiene support

Long-term complications include:

- psychosocial trauma and flashbacks, post-traumatic stress disorder
- vaginal closure due to scarring
- epidermal cyst formation
- pain and chronic infection from obstruction to menstrual flow
- recurrent urinary tract infection and renal damage
- painful intercourse (dyspareunia), lack of pleasurable sensations and orgasm, marital conflict
- infertility from pelvic inflammatory disease and obstructed genital tract
- risk of HIV through traumatic intercourse
- childbirth trauma – perineal tears and vaginal fistulae
- postnatal wound infection
- prolonged or obstructed labour from tough scarred perineum, uterine inertia or rupture, and death of infant and mother
- vaginal fistulae as consequence of obstructed labour
- postnatal delayed recovery

PART II

Ireland's work on FGM and Stretegic Themes

Ireland's work on FGM

Work on the issue of FGM in Ireland was introduced in 2000 by Comhlámh, an organisation established in 1975 by Irish returned development workers. The organisation set up an action group on FGM at the time with the aim of raising awareness of the harmful consequences of the practice. AkiDwA, a national network of migrant women living in Ireland and leading NGO on FGM work in Ireland, received funding from the Department of Justice and Equality and began structured work on this area in 2008.

Ireland's first National Action Plan to address FGM, covering the period 2008–2011, was produced in November 2008 by IFPA as part of the European Commission's Daphne Project, of which IFPA was a member at the European level. The plan was developed in conjunction with 15 other organisations that were members of the National Steering Committee.

The NAP had three goals:

I. To prevent the practice of FGM in Ireland.

II. To provide high quality, appropriate healthcare and support for women and girls who have undergone FGM.

III. To contribute to the worldwide campaign to end FGM.

The plan focused on five key strategic areas: Legal, Asylum, Health, Community and Development Aid. Internal evaluation by the National Steering Committee of the first plan conducted in 2013 identified a number of key successes, particularly in the legislative arena:

1) The first specialised clinic on FGM supported by the HSE was established and opened in May 2014 at the Irish Family Planning Association Everywoman Centre.

2) The FGM Act 2012 was produced and enacted in September 2012, prohibiting the practice of FGM in Ireland.

3) In 2011 FGM was embedded into the Department of Children and Youth Affairs' publication *Children First: National Guidance for Protection and Welfare of Children*.

4) The National Maternity Healthcare Record (NMHCR) has incorporated FGM as a risk factor and this has been enacted in all maternity hospitals.

5) Since 2009, awareness-raising and training has been delivered by AkiDwA to over 3,000 healthcare professionals, and community outreach and engagement has been widely conducted at the regional and national level. The first edition of a handbook entitled *FGM: Information for Healthcare Professionals Working in Ireland* was published in 2008 by AkiDwA in conjunction with the Royal College of Surgeons and the HSE. It included the first set of statistics on the prevalence of FGM in Ireland. A second edition of this handbook and updated prevalence data were produced in 2013.

Although there have been many developments in the areas of legislation and support for women and girls who have been subjected to FGM, considerable gaps still exist in the areas of prevention of FGM and protection of women and girls. Because the first NAP was never adopted by any government department or agency, and an interdepartmental working group was never established, monitoring the implementation of the proposed actions was very challenging. The lack of government commitment also meant that insufficient funding was allocated to fully achieve the plan's objectives.

The present document will incorporate and progress some of the key actions that were not reached by the first plan, and will advance proposals on identified new areas.

Strategic themes

Towards a National Action Plan represents an important step forward in the continuous fight to combat FGM at national and global level. It is a critical part of the National Action Plan's long-term approach to address FGM and protect women and girls as well as build on the first Action Plan. The Plan proposes to channel efforts towards ongoing and new priorities, and engage with more sectors, groups and communities in order to prevent and address FGM.

Methodology

This plan has been produced with input from the National Steering Committee (NSC) on FGM, which has been meeting since 2014. The NSC divided itself into subgroups, each focusing on a specific strategic theme, of which there are five: Prevention, Protection, Provision, Prosecution and Promotion of international efforts to end FGM. Two consultation meetings were held with affected community members who contributed with inputs into all five strategic areas. The meetings with the community were organized by AkiDwA. A high-level round-table discussion on FGM was held in February 2016 with 27 participants, identified as key stakeholders. The participants included officials from three Government departments, An Garda Síochána and NGOs (see stakeholder list, Appendix 1).

The guiding principles of Towards a National Action Plan to combat FGM

1. FGM is a serious form of child abuse and violates girls' and women's human rights.
2. Combating FGM can only be achieved by agencies and organisations working together and with affected communities.

The Istanbul Convention requires state parties to fully commit to the prevention of gender-based violence against women (Article 12), including the prevention of FGM. Preventing violence against women, including FGM, requires an integrated and comprehensive approach, encompassing a range of measures at societal, institutional, community and individual levels[20].

The strategies outlined in this plan are in line with the international framework promoted by the Istanbul Convention. The plan focuses on five key strategic themes, which are dealt with in turn.

Strategic Theme 1: Prevention (engaging the community)

AIM: To promote effective prevention and victim support measures, through changing social norms as well as women's empowerment.

Community-based programmes play a key role in combating FGM. However, it takes time for both women and men to abandon a practice that they have personally regarded as positive. If Ireland is to prevent girls from being subjected to FGM, key programmes have to be implemented and measures put in place to cooperate with the affected communities, with women and men, with the young and the old. Education, training and awareness-raising about various aspects of the practice must also be considered for affected communities, for example to highlight the negative impacts of the practice, the legal prohibition on FGM and the fact that FGM is a danger to health and is not prescribed by any religion.

20 EU (2014) The Council of Europe Convention on preventing and combating violence against women and domestic violence, "A tool to end female genital mutilation.

Some people believe that FGM is required by their religion, yet no religion demands that girls and women be genitally mutilated. Dialogue must be promoted with faith and community leaders who should be invited to help educate their members on the fact that FGM has no religious foundation and is harmful for its victims. Such dialogue can be a valuable tool for improving understanding of different opinions and beliefs and thus for combating FGM.

> FGM is not only a grave violation of the rights of girls and women, it is also not an Islamic religious requirement. The ruling on FGM is not in the Holy Qur'an. There are a few narrations found in Hadith which include the topic of FGM, however Hadith experts and Jurists have considered these as weak and not to be taken into consideration." Shaykh Muhammad Umar Al-Qadri, Imam of Islamic Centre Ireland, February 2016.

Communities are experts in their own lives, and their engagement on the issue is essential to enable them to actively end FGM. Community development and empowerment approaches are important. Creating a platform for young people to become advocates and to help change behaviour and attitudes towards FGM enables them to become key agents of change and can help in reaching out to their peers to raise awareness. Women need safe spaces to talk and to share their views and experiences as a first step towards protecting their daughters and ultimately towards developing the confidence to reach out to the wider community to campaign against FGM.

Community engagement involving men, women, youth and faith groups is the most effective way to ensure commitment and a coordinated response to ending FGM. Efforts should also be made to raise awareness on the different forms of violence against women, including FGM, among the general public.

Strategic Theme 2: Protection (safeguard women and girls at risk of FGM)

AIM: To ensure women and girls are protected from FGM through effective identification of risk and provision of protective measures.

FGM is a harmful practice, inflicted mostly on young girls between infancy and age 15, causing short-term and long-term physical and psychological consequences. It is a violation of Article 19 of the UN Convention on the Rights of the Child (UNCRC)[21]. FGM is performed on children who are unable to give informed consent or to effectively resist the practice, which constitutes both physical and psychological child abuse.

Efficient multidisciplinary cooperation is required to ensure the best interests of the child are a primary consideration in all actions undertaken in child protection. In 2013, the UN Committee on the Rights of the Child published General Comment No 14 (2013) on the rights of the child to have his or her best interests taken into account as a primary consideration in all actions or decisions that concern the child, in both the public and private sphere, as outlined in Article 3.1 of the Convention.

Efforts should be made to ensure that girls living in Ireland from affected countries are protected from the harmful practice. Based on reports from other countries, the period of highest risk for girls is during holidays, as girls visiting their parents' country of origin may be at risk of being subjected to FGM[22].

Training and awareness-raising is essential. Establishing and developing risk assessment strategies and putting in place mechanisms to ensure that girls are fully protected are paramount.

Under Section 3 of the 1991 Child Care Act, the Child and Family Agency Tusla has the responsibility for promoting the welfare of children who are not receiving adequate care and protection. On 1 January 2014 Tusla became an independent legal entity, comprising the HSE's Children and Family Services, the Family Support Agency and the National Educational Welfare Board, as well as incorporating some psychological services and a range of services responding to domestic, sexual and gender-based violence. The Agency operates under the Child and Family Agency Act 2013[23] and is required to support and promote the development, welfare and protection of children, and support the best interests and views of the child.

21 Article 19 of the UNCRC relates to protection from abuse and neglect.
22 http://www.nhs.uk/conditions/female-genital-mutilation.
23 http://www.irishstatutebook.ie/eli/2013/act/40/enacted/en/pdf.

Ireland signed and ratified the United Nations Convention on the Rights of the Child in 1992, which aims to ensure that children are safeguarded against all forms of abuse and neglect. Furthermore, the Department of Children and Youth Affairs' publication *Children First: National Guidance for the Protection and Welfare of Children* aims to promote the safety and well-being of children living in Ireland:

> "No childhood should be shattered by abuse. No young life should be lived in the shadow of fear. While it is not possible to prevent all violence, nor possible to guarantee that no child will ever be harmed by neglect or aggression or exploitation or predation, it is our duty to do everything in our power as a Government and as a society to prevent such harm[24]."

The population of Ireland has changed over the last 20 years and encompasses a wide range of faiths, cultures and ethnic origins. This means that social workers must be acutely aware of the culturally sensitive approaches required to work with children and families from different backgrounds. It does not mean that cultural differences allow children to be abused[25].

The Children and Family Relationships Act 2015 was passed in 2015, and a number of its provisions came into force on 18 January 2016[26]. The Act defines, for the first time, factors which a court can take into account in defining a child's best interests for the purposes of the Guardianship of Infants Act 1964, such as meaningful relationships and the physical, psychological and emotional needs of the child as well as issues such as family violence[27].

There are severe consequences to FGM, both psychological and emotional, and all cases where a risk of FGM is established must be referred to local child protection services and subjected to a child protection assessment by Tusla in consultation with other health professionals.

Individuals and agencies need to be able to detect potential cases of FGM. Professionals working with children should be informed and trained to identify girls at risk. They should also be trained to recognise signs that indicate a girl may have been previously been subjected to FGM. Such professionals include health professionals, teachers, Gardaí and social workers.

The primary responsibility for protecting women and girls from FGM lies with each country. However, if a woman or girl under genuine fear of being subjected to FGM flees a country where such protection is not provided by the state and arrives in Ireland, it is vital that Ireland fulfils its legal obligations and provides adequate protection. In an update to the UNHCR publication *Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Overview*[28], UNHCR estimates that in 2013, over 25,000 women and girls sought asylum from FGM-practising countries in the EU. That figure has increased steadily since 2008."

Gender-based violence against women has been recognised as a form of violence amounting to gender-based persecution, and can be considered as grounds for claiming international protection[29]. In particular, the UNHCR recognises FGM as both a gender-based and child-specific form of persecution. In May 2009, the UNHCR established guidelines on how to treat claims for refugee status relating specifically to FGM, which state that:

> "a girl or woman seeking asylum because she has been compelled to undergo, or is likely to be subjected to FGM, can qualify for refugee status under the 1951 Convention relating to the Status of Refugees[30]."

Women and girls applying for international protection in the state should be interviewed in a gender-sensitive manner to ensure they have an adequate opportunity to identify the types of harm they fear as relevant to the protection process[31]. The 2013 UNHCR report *Beyond Proof, Credibility Assessment in EU Asylum Systems*, also known as CREDO, notes that:

> "Gender roles affect male and female experiences of persecution and serious harm and, thus, their asylum claims. Females may be persecuted in ways that are different from those in which males are subjected[32]."

Hence, gender-sensitive interviewing is essential to ensure the facts of the claim are brought to light and can be properly assessed by the decision-maker.

24 Children First 2011.
25 Child Protection and Welfare Handbook 2011.
26 The Children and Family Relationships Act 2015 (Commencement of Certain Provisions) Order 2016 commenced specified provisions of Parts 1, 4, 5, 6, 7, 8, 12 and 13 of the Children and Family Relationships Act 2015. See: http://www.justice.ie/en/JELR/Pages/PR16000018.
27 Section 31. See: http://www.irishstatutebook.ie/eli/2015/act/9/enacted/en/print#sec45.
28 UN High Commissioner for Refugees (UNHCR), Too Much Pain: Female Genital Mutilation & Asylum in the European Union - A Statistical Update (March 2014), March 2014, available at:http://www.refworld.org/docid/5316e6db4.html
29 Istanbul Convention, Article 60.
30 See: UNHCR Guidance Note on Refugee Claims Relating to Female Genital Mutilation, May 2009, available at: http://www.refworld.org/docid/4a0c28492.html.
31 See UNHCR Guidelines no. 1, para 36(vii), available at: http://www.unhcr.org/3d58ddef4.html.
32 CREDO, p.69.

Within the European Union, the Common European Asylum System provides for a system of laws designed to ensure that Member States incorporate similar standards and practices in reception conditions and procedures relating to international protection across the EU. However, unlike the majority of EU Member States, Ireland is not bound by European instruments adopted in the area of asylum that it has not specifically "opted into[33]". The EU Directives in relation to reception conditions for asylum seekers[34] was recast in 2013 and now binds most EU Member States. It makes specific reference to gender sensitivities that must be taken into account in providing reception facilities for asylum-seekers. The recast Reception Conditions Directive of 2013 provides that Member States "shall take into consideration gender and age-specific concerns and the situation of vulnerable persons in relation to applicants within the premises and accommodation centres[35]."

It must be noted, however, that Ireland has not opted into either the first Reception Conditions Directive of 2003 or the recast version[36]. A working group established in October 2014 by Minister for Justice and Equality Frances Fitzgerald and Minister of State Aodhán Ó Ríordáin, to report to Government on improvements to the protection process, including direct provision and supports to asylum seekers, made these recommendations in its final report of June 2015:

- The State opt-in to all instruments of the Common European Asylum System, unless clear and objectively justifiable reasons can be advanced not to.
- Where the State does not opt-in to an instrument for discrete reasons (as above), the State should give full effect to the remaining provisions in order to safeguard important common standards and to promote consistency in the application of protection procedures and standards across the EU[37].

Strategic Theme 3: Provision, Support and Care
(for women and girls who have undergone FGM)

AIM: To provide high-quality and accessible healthcare and support to survivors of FGM throughout Ireland.

Under the United Nations International Covenant on Economic, Social and Cultural Rights (ICESCR), governments bear a duty to respect, protect and fulfil everyone's rights to the highest attainable standard of physical and mental health. Realisation of this requires provision of quality rights-based services that are available, acceptable and accessible[38].

Accessibility of services and information means that they need to be non-discriminatory, physically accessible and affordable. Acceptability requires that all services and information are respectful of medical ethics and culturally appropriate, as well as sensitive to gender and life-cycle requirements.

The issue of FGM is part of a set of wider issues in healthcare provision for women from minority ethnic backgrounds, particularly refugees and asylum seekers. A combination of barriers can prevent refugee women from accessing the healthcare they need[39]. These barriers include isolation of direct provision centres from the wider community and the requirement to have basic understanding of the services available and how they operate. Poor communication and language barriers are often reported by women seeking asylum and service providers as an obstacle to care. Lack of knowledge about FGM also inhibits women's informed consent in accessing health services generally. This is not compatible with women's rights to accessible and acceptable healthcare. It has broad implications for women's informed consent and trust in their healthcare providers, adherence to treatment and also for the right to refuse services, screening or treatment. During the consultation process for the setup of the IFPA specialist clinic for women who have undergone FGM, women reported feeling stressed and stigmatised in healthcare settings due to a lack of healthcare providers' knowledge around FGM and how to address it appropriately.

33 Protocol No. 21 annexed to the Treaty on the Functioning of the European Union, "on the position of the United Kingdom and Ireland in respect of the Area of Freedom, Security and Justice."
34 Reception Conditions Directive 2013/33/EU.
35 Article 17, Reception Conditions Directive 2013/33/EU.
36 Ireland has opted into the recast Dublin III Regulation (604/2013/EU) and the recast Eurodac Regulation (603/2013/EU). It continues to participate in the Qualification Directive (2004/83/EC) and the Procedures Directive (2005/85/EC) but did not opt into the Reception Conditions Directive (2003/9/EC).
37 Working Group Report to the Government on Improvements to the Protection Process, including Direct Provision and Supports to Asylum Seekers, June 2015, p.101.
38 Committee on Economic, Social and Cultural Rights (CESCR), General Comment No. 14.
39 UNHCR (2013) Towards a New Beginning.

Awareness of FGM and preparedness to respond to it in a culturally appropriate manner is part of the requirement of acceptability. Adequately addressing the specific healthcare needs of women who have had FGM requires that services are delivered by healthcare professionals who are equipped with the knowledge and confidence to recognise and treat FGM-related problems comprehensively. To ensure this, FGM-related issues must be integrated into health policy, strategy and training. Evidence-based guidelines must be available to provide clear direction for healthcare professionals, including protocols for cross-sector cooperation and referral.

Strategic Theme 4: Prosecution

AIM: To provide protection, support and justice to women and girls.

The Istanbul Convention requires states to take the necessary legislative and other measures to ensure that investigations and judicial proceedings in relation to violence against women are carried out without undue delay. They should take into consideration the rights of the victim during all stages of criminal proceedings (Articles 49 and 50).

Where suspicions arise that a girl or a woman is at risk of or is affected by violence against women, including FGM, protection systems that help with identification, reporting, referral and support are required to trigger a co-ordinated action that would prevent violence from taking place and protect the girl or woman in question (Articles 18, 49, 50, 51 and 53).

On 16 November 2015 The EU Victims'' Directive came into effect in Ireland. The Directive establishes standards on the rights, support and protection of victims of crime. These rights include the right to information. This means that victims will now have a right to request a summary of reasons for a decision not to prosecute made by the Director of Public Prosecutions (DPP) and they will also have the right to ask for a review of a decision not to prosecute. Awareness of this Directive must be raised among community members, including FGM affected communities.

In November 2015, Ireland signed the Council of Europe Convention on Preventing and Combating Violence against Women and Domestic Violence, also known as the Istanbul Convention. The National Steering Committee will collaborate with other organisations working on GBV to encourage Ireland to ratify the Istanbul Convention.

The Criminal Justice (Female Genital Mutilation) Act 2012 was signed into law on 2 April 2012. This law has been effective since 20 September 2012, and makes it a criminal offence for someone resident in Ireland to perform FGM. The maximum penalty under all sections of this new law is a fine or imprisonment for up to 14 years or both. It is also a criminal offence for someone resident in Ireland to take a girl to another country to undergo FGM.

However, FGM does not have an Irish Crime Classification System (ICCS) code, making it difficult for FGM to be recorded as a specific crime. This also impacts on reporting and data collection; to date there have been no cases of female genital mutilation recorded by the crime and criminal justice section of the Central Statistics Office[40]. To make legislation that prohibits the practice of FGM effective, an ICCS code for FGM must be established.

Individuals and agencies that are in a position to detect cases, such as health professionals, teachers, school liaison officers, Gardaí and social workers, should be informed and trained to be able to identify girls at risk or actual performed cases of FGM, to provide appropriate protection mechanisms and to prevent parents in future from subjecting their daughters to the practice.

The Istanbul Convention foresees an obligation for state parties to ensure that law-enforcement agencies engage promptly and appropriately in the prevention and protection of a woman or a girl at risk, by taking preventive operational measures and ensuring the collection of evidence (Article 50). Investigation and prosecution procedures that are gender-, child- and culture-sensitive must always be applied; therefore, training and guidance on investigation and prosecution of FGM-related cases to the relevant professionals is vital.

40 EIGE (2015) Estimation of girls at risk of female genital mutilation in the European Union, p.51.

Strategic Theme 5: Promote the Eradication of FGM Globally

AIM: To promote the elimination of FGM worldwide and enhance protection for women and girls at risk.

FGM/C is well incorporated into the newly launched Sustainable Development Goals. Under Goal 5 ("Achieve gender equality and empower all women and girls") lies target 5.3, to "Eliminate all harmful practices, such as child, early and forced marriage and female genital mutilation." Overall, there is a positive trend towards gradually abandoning FGM in the 28 countries most affected. To date, 42 countries have passed laws specifically condemning FGM.

In 2013, the European Commission developed a Communication to the European Parliament and the Council, *Towards the Elimination of Female Genital Mutilation*, reiterating their commitment to combating violence against women and eliminating FGM both within and outside the EU, and acknowledging that the linkage between the communities affected in the EU and their countries of origin needs to be taken into account[41].

In 2014, 11 organisations from across Europe formed the End FGM European Network. The aim of the network is to ensure that there is sustainable European action to end FGM. AkiDwA, the leading organisation on FGM work in Ireland, is a member of the network.

In order to achieve the goal of preventing FGM in Ireland we must also contribute to the worldwide campaign to end FGM. FGM is a violation of girls' and women's rights and a key form of gender-based violence, which has serious impacts on girls' and women's health and well-being, even leading to death in some cases. Ireland's policy for international development, *One World One Future*, notes the need for us to both prevent and respond to GBV.

Ireland should use its influence and leading role in international development to actively promote the eradication of FGM internationally and build bridges with stakeholders in this joint effort to combat FGM.

41 Communication from the Commission to the European Parliament and the Council: towards the elimination of female genital mutilation, COM(2013) 833 final, http://ec.europa.eu/justice/gender-equality/files/gender_based_violence/131125_fgm_communication_en.pdf , p.12.

PART III

Monitoring and Evaluation

This plan has been produced by the civil society groups forming the NSC, which aims to secure a government-led national plan during its lifespan. To ensure that this plan meets its objectives, an advisory and monitoring group will be established. The group will have representatives from Government and non-govermental organisations, and the group will meet at least three times a year to review progress.

An external evaluation will be carried out at the end of the three years. The evaluation will analyse the effectiveness and efficiency of this plan.

Monitoring Framework

Part 3.1: Prevention

3.1.1: Engage and support women, girls, boys and men, and involve the youth, faith and ethnic groups from the affected communities

Action	Target Group	Actors	Indicator
Community mobilisation and outreach	Affected communities, men, women, youth	AkiDwA, YUI, Wezesha, IACI and other NGOs and groups working with affected communities	Number of men, women and youths from affected communities reached out to
Produce training and awareness-raising material	Affected communities	AkiDwA and other NGOs, working with the communities	Material produced
Develop activities and actions for the youth and link up with youth groups and organisations	Youth members from the affected communities;	AkiDwA, YUI, AICI and other NGOs working with youth such as NYCI	Number of activities held and number of youth members reached from affected communities
Mapping, faith and ethnic group and make contact	Faith and ethnic groups	AkiDwA, Wezesha and other NGOs and groups working on GBV & with migrant community	Number of faith and ethnic groups reached and contacted
Survey on situational assessment on FGM, knowledge, practices and attitude	Community affected by FGM (women, men and youth)	AkiDwA, Wezesha & other NGOs	Assessment report, number of people reached by the survey
Engage with men and dialogue on GBV/FGM through round table discussions and meetings	Men from the affected communities	AkiDwA, Wezesha/other NGO and organisations working with the community	Report from the meetings/discussions, number of men involved or reached out

Action	Target Group	Actors	Indicator
Develop information material for the community including social media & other awareness raising strategies	Affected community	AkiDwA, Wezesha, Youth organisations/ other NGOs	Copies of material produced
Offer moral support to affected women and girls	Women and girls from the affected communities	AkiDwA/other NGOs working with affected communities	Record of meetings and Number of women supported

3.1.2: Intensify efforts to combat FGM by building strong network of Community Health Ambassadors (CHAs) around Ireland

Action	Target Group	Actors	Indicator
Develop training module and material for CHAs	Community members	AkiDwA	Material and training package produced
Recruit and train CHAs	Affected Communities	AkiDwA	Number of CHAs recruited and trained
Supervise and support CHAs	CHAs	AkiDwA	Supervision notes
Raise awareness on FGM through CHAs at regional and national wide	Irish society in general: hospitals, schools, community groups	AkiDwA/CHAs	List of counties and locations reached by CHAs

3.1.3: Integrate FGM discussion on wider health/GBV discussions

Action	Target Group	Actors	Indicator
Identify and link up with women's health groups and organisations working on GBV	Women's health organisations and groups in Ireland working on GBV (RCC, Women's Aid)	NWCI, AkiDwA and other NGOs	Number of organisations identified and contacted
Ensure FGM is included in health and GBV discussions by organisations and groups working on these areas	Women's health organisations and groups in Ireland working on GBV (RCC, Women's Aid)	AkiDwA, Wezesha NWCI and other organisations	Indication of FGM in training material developed by groups for training

Part 3.2: Protection

3.2.1: Increase knowledge of FGM and child protection obligations amongst professionals working with children – SWs, SWOs, FSWs, teachers, gardaí

Action	Target Group	Actors	Indicator
Develop and deliver pre-service and in-service training programmes to raise knowledge and awareness of FGM among employees in the child protection services	Social workers, gardaí, teachers, family support	Tusla, AkiDwA, Wezesha, youth organisations and other NGOs	Copies of training programme produced Numbers/list of professionals trained
Provide information on FGM to all professionals working with children, including on-duty social workers	Social workers, SWO, FSW	Tusla	List of places and numbers of professionals receiving information materials

3.2.2: Raise awareness on FGM among families parenting/fostering/adopting children from affected communities

Action	Target Group	Actors	Indicator
Provide information and awareness-raising on FGM	Families adopting or fostering children from affected communities	Tusla Social workers	Number of leaflets distributed and indication of information provided
			Numbers of adoptive families that have received information

3.2.3: Safeguard women and girls at risk

Action	Target Group	Actors	Indicator
Promote the use of guidelines on gender-related persecution or harm and gender-sensitive interviewing in the assessment of international protection applications	Interviewers, Case workers, women and girls seeking international protection in Ireland	UNHCR ORAC RAT	Number of women and girls with FGM related applications granted international protection in Ireland
Lobby for ratification & implementation of Istanbul Convention	Irish Government	NWCI, AkiDwA NSC members	Ratification of Istanbul Convention

Part 3.3: Provision, Care and Support

The following objectives outline suggestions for action for improving the healthcare of women who have experienced FGM, as part of developing the general responsiveness of the system to the needs of women from minority ethnic groups.

3.3.1: Maintain a high-quality specialist treatment service for management of women with FGM-related needs

Action	Target Group	Actors	Indicator
Continue provision of specialist treatment to women who have undergone FGM at the IFPA Everywoman Clinic	Survivors of FGM living in Ireland	IFPA HSE	Number of clinic hours offered Number of treatment sessions completed Number of outreach sessions to promote the availability of the clinic among affected women Number of community consultations relating to service.
Promote FGM treatment service through dissemination of clinic information to health professionals and communities affected by FGM	Health professionals Survivors of FGM living in Ireland	IFPA	Number of outreach sessions to promote the availability of the clinic among affected women Number of training and workshops delivered to professional bodies, healthcare professionals and students
Assess the feasibility of providing the deinfibulation procedure within the IFPA clinic where appropriate	Women affected	IFPA HSE	Reduced average waiting times for accessing the deinfibulation procedure

3.3.2: Increase knowledge and competence of healthcare professionals in Ireland in relation to FGM

Action	Target Group	Actors	Indicator
Disseminate AkiDwA/ RCSI FGM: *Information for healthcare professionals working in Ireland practice guide* on FGM	GPs Midwives Obstetricians Gynaecologists Public Health Nurses Practice Nurses Allied Health Professionals	AkiDwA	Guides distributed Number of requests for guides from each professional body
Update this guide as required in response to new clinical guidelines, prevalence or legislative change			Revisions of the guide as required
Provide training to health professionals	GPs Midwives Obstetricians Gynaecologists Public Health Nurses Practice Nurses Allied Health Professionals ICGP	IFPA HSE AkiDwA An Bord Altranais	Number of professional bodies of GPs and midwives develop training modules
(a) Develop training modules on FGM as part of training programmes and continuing professional development programmes			Number of training sessions
(b) Work towards incorporating FGM as part of women's health training for GPs			Number of HCPs who attended trainings
(c) Promote online eLearning tool United to End FGM (health stream) www.uefgm.org			Number of people from Ireland who have completed eLearning United to End FGM tool
Identify health professionals from countries where FGM is prevalent who are willing to take leadership on FGM prevention, education and management. Build their capacity to do this through training and partnerships.	Health professionals	IFPA AkiDwA	Number of contacts in academic institutions/ professional bodies/ healthcare settings

Action	Target Group	Actors	Indicator
Identify health professionals with knowledge on FGM throughout Ireland through monitoring provision and uptake of training.	Survivors of FGM living in Ireland GPs Midwives Obstetricians Gynaecologists Public Health Nurses Practice Nurses Allied Health Professionals	IFPA HSE AkiDwA ICGP An Bord Altranais	Database including geographic location of professionals who have attended training on FGM and can provide comprehensive treatment to survivors, or refer appropriately.
Carry out research assessing the knowledge of FGM among healthcare professionals, including awareness of the 2012 legislation Provide links to information materials to all of those surveyed	Healthcare professionals	Rotunda	Availability of representative data on the knowledge of FGM among healthcare professionals

3.3.3: Efficient data collection on FGM

Action	Target Group	Actors	Indicator
Collect prevalence data on FGM through Irish National Maternity Health Care Records	Maternity Hospital staff	HSE	Capacity of NMHCR to record the prevalence of FGM in pregnant women
Carry out training and audits of NMHCR to ensure high standards of completion of form	Maternity Hospitals	Maternity Hospitals HSE	Audit report of NMHCR Training delivered on NMHCR
Collect data through Specialist National Centre in IFPA Everywoman Clinic to inform and improve service delivery	IFPA	IFPA HSE	Information compiled on the nature of FGM presentation in Ireland

3.3.4: Provide information and support to all parents from FGM Prevalence areas that are in contact with maternity services in Ireland

Action	Target Group	Actors	Indicator
Provide women with FGM who give birth to children and their families with comprehensive information. This should include information on the legal context, human rights and health implications and should be provided during pregnancy and/ or before discharge from maternity setting as routine part of check-ups.	Children born to mothers with FGM (can be identified through NMHCR)	Maternity Hospitals HSE	Conversation recorded in chart
Following discussion on FGM, if healthcare professionals have concerns that a child is at risk, referral to Tusla, Child and Family Agency Social Work team should be made.		Tusla	Referral to Tusla, Child and Family Agency Social Work team as appropriate

Part 3.4: Prosecution

3.4.1: Make the FGM Act 2012 more effective and efficient

Action	Target Group	Actors	Indicator
Develop/establish ICCS specific code on FGM to help with recording and data collection	An Garda Síochána	DJE Irish Criminal Justice An Garda Síochána	Code developed
Collection of cases and reports from Gardaí and court, judiciary	Gardaí Judiciary	AkiDwA, Tusla	Report and data collected
Publish report on information gathered		AkiDwA, Tusla	

3.4.2: Raise the level of competences among Gardaí

Action	Target Group	Actors	Indicator
Raise awareness and educate on FGM, and develop risk identification strategies	An Garda Síochána	Gardaí intercultural unit, AkiDwA, Tusla, NSC members	Number of awareness-raising sessions held, risk strategies developed
Develop mechanisms to properly refer girls at risk or who have undergone FGM to support services also impede appropriate follow-up for victims	An Garda Síochána	Gardaí intercultural unit, AkiDwA Tusla	Type of mechanism put in to place
Develop protocols or guides to investigation for Gardaí that are geared towards the girl's or woman's safety	Gardaí	Gardaí intercultural unit, AkiDwA/ Tusla	Protocols developed
Produce and deliver training and communication materials on FGM for Gardaí	Gardaí	AkiDwA, Tusla, Gardaí	Material produced
Awareness on victim directive, support for victims	Garda Affected community	Gardaí intercultural unit, AkiDwA/ Tusla	

Part 3.5: Promotion of international efforts to eradicate FGM

3.5.1: International advocacy to accelerate action against FGM/C, including supporting the development, strengthening and implementation of legislation prohibiting FGM/C

Action	Target Group	Actors	Indicator
Produce information of Prevalence data on FGM in countries where Irish Aid operates, and advocate for strong human-rights-based legal frameworks in these countries.	Countries in which the prevalence of FGM/C is highest	Irish international NGOs (e.g. Concern, Action Aid)	Information on prevalence data for each country, indication of FGM in their reports
Continue to advocate for accelerated action against FGM/C with partners at national, regional and global levels and communicate information about Ireland's legislation on FGM.	Countries in which the prevalence of FGM/C is highest	Irish Government Irish International NGOs	International advocacy and financial support for initiatives combating FGM/C

3.5.2: Combat FGM through local NGOs and grassroots organisations

Action	Target Group	Actors	Indicator
Influence programming of Irish NGOs working on the ground with FGM to use community-led approaches to increase knowledge of, and decrease incidence of FGM, including engaging with men and boys.	Local NGOs and grassroots organisations in Affected countries	Irish International NGOs working on the ground in affected countries (e.g. Concern Worldwide, Action Aid)	Report, list people involved at community level

3.5.3: Utilise and support European and international networks to assist in global movement to end FGM

Action	Target Group	Actors	Indicator
Ensure monitoring and evaluation of EU action plan to end FGM and continue to work and collaborate with End FGM European network	EU End FGM organisation	AkiDwA, other NGOs	Reports from EU and end FGM European network
Bridging gaps: Identify and develop linkages with country of origin	Affected communities in Ireland/country of origin with high prevalence	AkiDwA/Wezesha, Action Aid and other NGOs	Country identified/ link made with affected country

Appendices

Appendix 1: Stakeholders

Stakeholders (including but not limited to)

Communities affected by FGM	Girls at risk Women who have undergone FGM Faith, religious and ethnic groups Youth Men from affected communities
Healthcare professionals	General Practioners Midwives Nurses, including Public Health Nurses & Practice Nurses Obstetricians/Gynaecologists Social Workers Paediatricians Children's Hospitals Maternity Hospitals University and Teaching Hospitals
Government departments	Department of Health Department of Children and Youth Affairs Health Service Executive: Office of Social Inclusion Tusla Department of Foreign Affairs: Conflict resolution Unit and Irish Aid Department of Justice and Equality: Cosc Reception & Integration Agency and Office of Refugee Commissioner Office of the Promotion of Integration of Migrants An Garda Síochána Department of Education and Skills
Non-governmental organisations	AkiDwA Action Aid Association of African Students in Ireland Barnardos Cairde Children's Rights Alliance Concern Worldwide Dice Network Early Childhood Ireland

Stakeholders (including but not limited to) **continued**

Non-governmental organisations	Educate Together Immigrant Council of Ireland Integration of African Children in Ireland Irish Family Planning Association Irish Girl Guides Irish Society for the Prevention of Cruelty to Children Islamic Cultural Centre of Ireland National Women's Council of Ireland National Youth Council of Ireland New Community Partnership Professional Development for Teachers Plan International Rape Crisis Centre Ireland Redeemed Church Ireland Spirasi Stay Safe Programme UNICEF UNHCR Trocaire Women's Aid Wezesha Youth Platform Ireland
Regulatory bodies	An Bord Altranais Irish College of General Practitioners Irish Medical Council Law Society of Ireland Royal College of Physicians in Ireland
Platform associations	Cori Justice Dóchas INMO INTO Misean Cara The Irish Consortium on Gender Based Violence

Appendix 2: Milestones on FGM work in Ireland

2015: FGM Information Guide for Education Professionals in Ireland produced by AkiDwA.

2014: The Human Rights Council adopted conclusions on preventing and combating all forms of violence against women and girls, including FGM. Ireland actively participated in the negotiations of, and co-sponsored, resolutions on the elimination of discrimination against women, violence against women and female genital mutilation (FGM).

2014: The first specialised clinic to treat FGM was opened by IFPA at Well Women Clinic. The clinic is supported by the HSE's social inclusion unit.

2013: AkiDwA launched findings from a survey with General Practitioners on their understanding of FGM. The purpose of this survey was to ascertain knowledge of FGM amongst GPs in Ireland.

2013: The Mediterranean Institute of Gender Studies (MIGS), based in Cyprus, in partnership with the Italian Association for Women in Development (AIDOS), AkiDwA in Ireland, and the Family Planning Association of Portugal (APF), developed the E-Learning toolkit United to END FGM (UEFGM).

2012: The National Maternity Healthcare Record (NMHCR) incorporated FGM as risk factor.

2012: The Criminal Justice (Female Genital Mutilation) Act 2012 was signed into law in April 2012, and became effective in September 2012. The Act creates an innovative offence of removal from the State of a girl for the purpose of FGM. Punishment is up to 14 years' imprisonment and/or a fine; for a summary conviction, the penalty is a fine of up to €5,000 and/or imprisonment for up to 12 months or both.

2009 to 2014: AkiDwA, with funding and support from the HSE, delivered awareness-raising and training to over 3,500 service providers and healthcare professionals.

2012: AkiDwA published an information leaflet for the public, *Female Genital Mutilation and the Law in Ireland*.

2011: FGM was embedded into Children First National Guidance for protection and welfare of Children.

2008: The first initial statistical extrapolation of the prevalence of FGM in Ireland was produced by AkiDwA. This was done by using Irish 2006 census data from the Central Statistics Office and synthesising it with global FGM prevalence data. A figure of 2,585 women living in Ireland who had undergone FGM was estimated. This figure was updated in 2010 and in 2013 after the 2011 census, giving an estimated increase of 3,780 women living in Ireland who have undergone FGM.

2008: The first handbook for healthcare professionals was produced by AkiDwA and the Royal College of Surgeons. An updated second edition was printed in 2013.

2008: IFPA, in conjunction with 15 organisations members of the National Steering Committee on FGM, produced Ireland's first National Action Plan to address FGM, covering the period 2008–2011.

2007: Government funding awarded to AkiDwA to undertake one-year action research project focused on improving access to health care for women who have experienced FGM.

2004: FGM Coalition led by Comhlámh hosts round-table seminar "FGM – Why is it relevant for Ireland?"

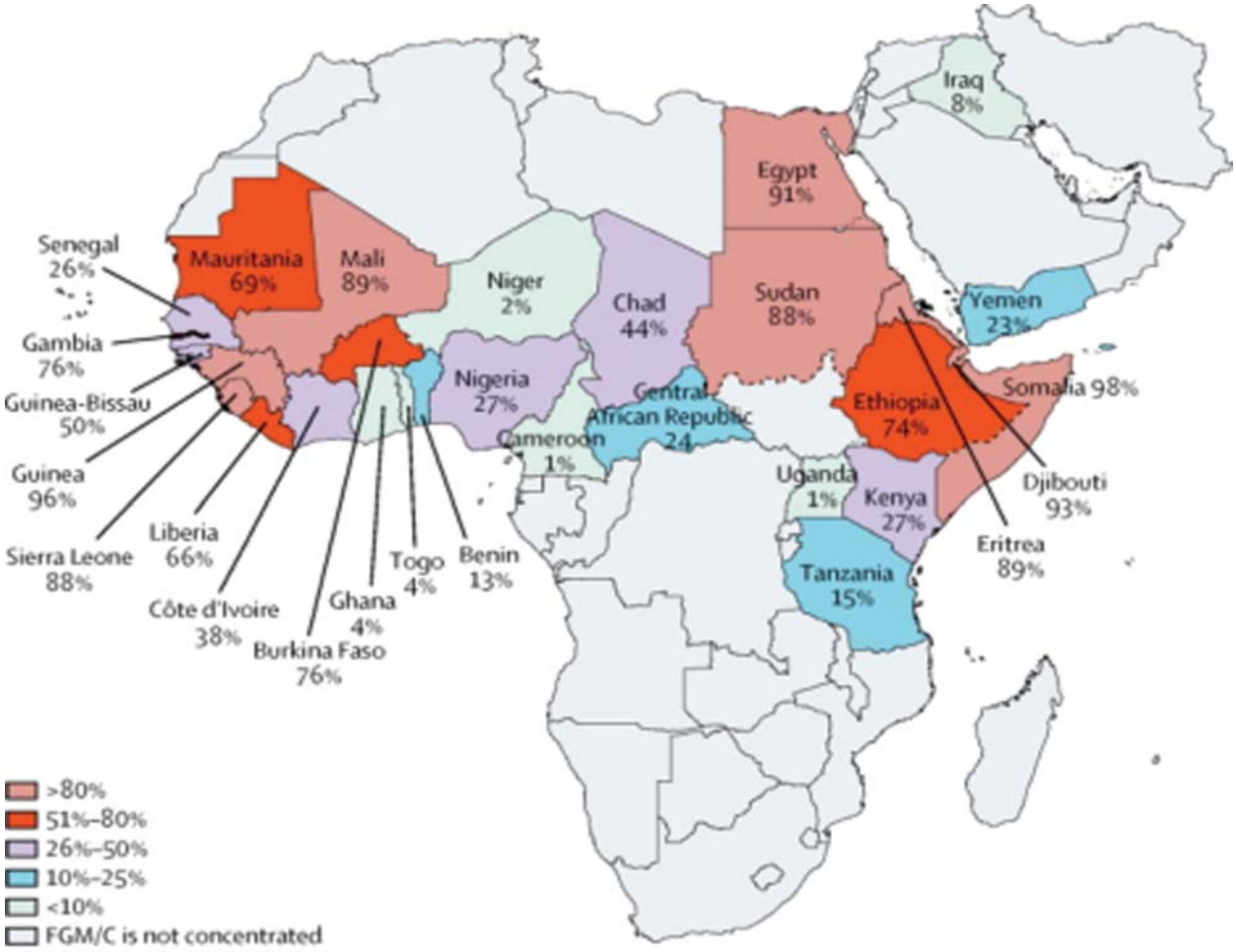
2002: Publication of educational booklet entitled *Understanding Female Genital Mutilation* by Comhlámh.

2001: Prohibition of Female Genital Mutilation Bill 2001 tabled as a Private Members Bill (lapsed).

2000: FGM work was introduced to Ireland by Comhlámh

Appendix 3: Map with prevalence

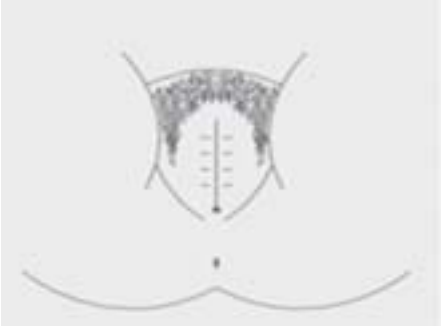
Proportion of girls and women aged 15–49 years who have undergone FGM/C, by country. Reproduced from *Female genital mutilation/cutting: a statistical overview and exploration of the dynamics of change*, UNICEF 2013.



Appendix 4: Types of FGM

FGM Type I
Refers to the partial or total removal of the clitoris and/or prepuce. It can also be know as clitoridectomy.

FGM Type II
Refers to the partial or total removal of the clitoris and the labia minora, with or without excision of the labia majora.



FGM Type III
This is the most severe form of FGM and involves narrowing of the vaginal ofifice with creation of a covering seal by cutting and positioning the labia minora and/or labia majora. This can be with or without excision of the clitoris. Commonly called infibulation.

FGM Type IV
Includes all other harmul procedures to the female genitalia for non-medical purposes e.g. pricking, piercing, incising, scraping and cauterisation.

Appendix 5: Traditional and local terms for FGM

EGYPT	Thara	Arabic	Deriving from the Arabic word "tahar" meaning to clean/purify
	Khitan	Arabic	Circumcision – used for both FGM and male circumcision
ETHIOPIA	Megrez	Amharic	Circumcision / cutting
	Absum	Harrari	Name-giving ritual
ERITREA	Mekhnishab	Tigregna	Circumcision / cutting
KENYA	Kutairi	Swahili	Circumcision – used for both FGM and male circumcision
	Kutairi was ichana	Swahili	Circumcision of girls
NIGERIA	Ibi/Ugwu	Igbo	The act of cutting – used for both FGM and male circumcision
	Sunna	Mandingo	Religious tradition / obligation – for Muslims
SOMALIA	Gudniin	Somali	Circumcision – used for both FGM and male circumcision
	Halalays	Somali	Deriving from the Arabic word "halal" ie. "sanctioned" – implies purity. Used by Northern & Arabic-speaking Somalis.
	Qodiin	Somali	Stitching/tightening/sewing – refers to infibulation
SUDAN	Khifad	Arabic	Deriving from the Arabic word "khafad" meaning to lower (rarely used in everyday language)
	Tahoor	Arabic	Deriving from the Arabic word "tahar" meaning to purify
GUINEA-BISSAU	Fanadu di Mindjer	Kriolu	"Circumcision of girls"
	Fanadu di Omi	Kriolu	"Circumcision of boys"
GAMBIA	Niaka	Mandinka	Literally to "cut /weed clean"
	Kuyango	Mandinka	Meaning "the affair" but also the name for the shed built for initiates
	Musolula Karoola	Mandinka	Meaning "the women's side"/ "that which concerns women"

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